

IMPORTANT INFORMATION

PLEASE READ BEFORE ATTEMPTING TO COMPLETE APPLICATION

1. **All** questions pertaining to the entity in which you are applying for licensure must be answered. The form must be accompanied by the required fees.
2. Examinations are scheduled 2-3 weeks after receipt of the completed application, the completed qualifying party application, and any other required qualifying party documentation (e.g., canceled payroll checks). Appropriate study material and examination information will be mailed at the time you are scheduled for the examination.
3. If you operate as a corporation, you **must** submit a reproduced copy of your certificate of good standing as filed with the Louisiana Secretary of State's office along with a copy of the original Articles of Incorporation. If you operate as a limited liability company, you **must** submit a reproduced copy of your certificate of existence along with a copy of your original Articles of Organization.
4. **OUT-OF-STATE CONTRACTORS:** Contractors domiciled outside the State of Louisiana making application for a contractor's license are required to submit a \$400.00 surcharge fee in addition to the regular license fee. A period of 60 days must elapse from the date the application is received in this office until the date the license may be issued.

If you operate as a corporation, you **must** submit a reproduced copy of your certificate of good standing as filed in the State of Louisiana along with a copy of your original Articles of Incorporation. If you operate as a limited liability company, you **must** submit a reproduced copy of your certificate of existence along with a copy of your original Articles of Organization. If you have not qualified in Louisiana as an out-of-state corporation or limited liability company, you may contact the Louisiana Secretary of State, Corporation Division, P.O. Box 94125, Baton Rouge, Louisiana, 70804 - telephone number (225) 925-4704.
5. **FINANCIAL STATEMENT:** You **must** furnish a notarized financial statement prepared by an **independent auditor** (certified public accountant). **THE ENCLOSED FORM MUST BE USED.**
6. For all work involving the major classification of Hazardous Materials or the sub-classification of Hazardous Waste Treatment and Removal and the sub-classification of Asbestos Abatement and Removal, you must have a Louisiana contractor's license **before** bidding, contracting, or performing work in the amount of \$1.00 or more. If you are applying for a license with the major classification of Hazardous Materials, the sub-classification of Asbestos Abatement and Removal or the specialty classification of Underground Storage Tanks, your qualifying party must receive supervisor's certification from the Louisiana Department of Environmental Quality before the exam may be scheduled and the license may be issued. If you are applying for the sub-classification of Lead Based Paint Abatement and Removal, your qualifying party must receive the letter of approval from the Louisiana Department of Environmental Quality. A copy of the appropriate certification or letter of approval must be submitted with the qualifying party application. You may access the website for the Department of Environmental Quality at www.deq.state.la.us.
7. Applicants for any classification or sub-classification of **PLUMBING** must submit a copy of their statewide Master Plumber license before the contractor's license may be issued. Information regarding the statewide Master Plumber license may be obtained from the State Plumbing Board of Louisiana, 2714 Canal St., Suite 512, New Orleans, Louisiana 70119 - telephone number (504) 826-2382.
8. Any project totally owned by the Federal Government is exempt from the licensing law regardless of the dollar amount.
9. **The official agenda is mailed ten (10) days prior to each Board meeting. In order to be placed upon the agenda for approval by the Board, an application must have met all requirements and must be complete at that time.**
10. You are not eligible to bid, contract or perform work in the amount of \$50,000 or more (\$1 or more for hazardous) in the State of Louisiana until your license is issued. (See the exception listed in item number 8 above).
11. Please mail all information pertaining to the application form directly to the attention of the Application Section. If you have any questions, please call (225) 765-2301.
12. Information regarding the residential building contractor license may be obtained from the Residential Section at (225) 765-2301.
13. **MOLD REMEDIATION CONTRACTORS** must complete a **separate** application for Mold Remediation. Information regarding the mold remediation application license may be obtained from the Application Section at (225) 765-2301.

OVER

IMPORTANT INFORMATION

REGARDING EXAMINATION SCHEDULING

AND OUR EXAMINATION PROGRAM

Due to extremely heavy examination scheduling loads, we ask that you read and comply with the following policy statements. Although we give new applicants priority in scheduling examinations and attempt to have your examination scheduled within 2-3 weeks after receipt of your application, failure to comply with the following could result in a delay in scheduling your examination and, of course, a subsequent delay in the issuance of your license.

1. Examinations will not be scheduled unless you submit your qualifying party application and required documentation; i.e., copies of canceled payroll checks for the previous 120 days (showing front and reverse of check) and a computer printout or some other form showing FICA payroll deductions, Louisiana Department of Environmental Quality Asbestos Certificate, etc. at the time you submit your application.
2. Exams are administered three days a week (Tuesdays through Thursdays) at our offices located at 2525 Quail Drive, Baton Rouge. Reporting time for the examination is 8:30 a.m.
3. Upon receipt of the above, you will be sent an examination date, further information regarding the examinations and a study guide for the Business and Law examination, if applicable.
4. When you receive your examination scheduling notice, please review the test date. If this date is not acceptable to you, you must submit a **written** request to cancel or to reschedule. You may fax your request to (225) 765-2690.
5. If you fail to appear for the examination on the date assigned, you will be required to submit a **written** request to reschedule, pay a \$15 fee to reschedule, and pay a forfeit fee of \$100 before you will be assigned a new exam date. A delay in rescheduling should be expected.

It is the Board's policy that all examinations are set at the minimum level of job knowledge and expertise required to safely operate within the State of Louisiana. In most cases this minimum level equates to the standards expected of an entry level or beginning contractor.

As part of our commitment to update our examination program, we make every effort to provide you with a breakdown of the examination content and a list of appropriate study materials (where available). In the case of the Business and Law examination, a study guide will be sent to you **after** the completed application is received in our office. It is our belief that a few close readings of the business and law study guide should be sufficient preparation for the examination. The "trade" examinations are based upon general working knowledge of the field in which you wish to be licensed.

If you are disabled and need special testing accommodations, please inform us in writing and describe the accommodations you need.

The Board is not affiliated with any school or seminar program nor do we endorse the use of any school or seminar program. Sufficient preparation and study on your part should ensure success on our exams.

RECIPROCITY

The Board has formal written reciprocal agreements with the States of Alabama, Arkansas, Mississippi, South Carolina, Tennessee, and Utah as well as the North Carolina Electrical Examiners' Board. Reciprocity is limited to requests for waiver of the sixty (60) day out-of-state waiting period and consideration of waiver of trade examinations. The Business and Law examination cannot be waived for out-of-state contractors.

1. A contractor seeking reciprocity must complete and submit an application for a Louisiana contractor's license along with all the financial requirements. The contractor must hold a current license for the last three consecutive year period from the current application date in a comparable classification within the state from which he or she is **domiciled** (i.e., Alabama, Arkansas, Mississippi, South Carolina, Tennessee, Utah or North Carolina). The contractor must be free of official disciplinary actions taken against him/her during the three year consecutive period of licensure. Official disciplinary action for purposes of reciprocity, is defined as a contractor being charged with a violation whose penalties include license suspension or revocation.
2. The applicant must have the contractors' licensing board of the state in which he or she is domiciled complete a license verification form provided by this Board and mail said form directly to this Board. The Board retains the authority to consider each applicant's request on a case-by-case basis.
3. The applicant **must take and pass** Louisiana's Business and Law examination prior to being issued a license.

*****TEXAS***** - The Board has a written reciprocal agreement with the Texas Department of Licensing and Regulation which recognizes the Texas Master Electrician examination as comparable to the Louisiana Electrical Work Statewide exam. **NO OTHER** provisions for reciprocity apply.

11. Give the names and current addresses of any persons or firms in the contracting business with whom you or principals of your firm have associated as partners or co-venturers in the last five years.			
Name		Address	
12A. If Corporation, complete this section		Date Incorporated	State of Incorporation
Registered Agent's Name		Vice-President's Name	Social Security Number
President's Name	Social Security Number	Secretary-Treasurer	Social Security Number
12B. If co-partnership, complete this section.		Date of Organization	Is Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Names of Partners		Social Security Numbers	Addresses of Partners
12C. If limited liability company, complete this Section.		Date of Organization	
Names of Members (Not Managers)		Social Security Numbers	Addresses of Members
13. LICENSE FEE TO ACCOMPANY APPLICATION \$ _____ PAYABLE TO THE STATE LICENSING BOARD FOR CONTRACTORS. SEE FEE STRUCTURE ON PAGE 7.			
REFERENCES - (ONLY ONE REQUIRED)			
14A. LICENSED CONTRACTOR		LICENSE #	STREET OR P.O. BOX, CITY, STATE, ZIP
			CONTACT PERSON
OR			
14B. MATERIAL SUPPLY DEALER		STREET OR P.O. BOX, CITY, STATE, ZIP	CONTACT PERSON

**IMPORTANT – INSTRUCTIONS FOR COMPLETION OF
FINANCIAL STATEMENT – READ CAREFULLY**

It is mandatory that your financial statement be submitted accurately and with the provisions of R.S. 37-2156.1(c) printed below. An unaudited financial statement should be inclusive within the last twelve (12) months and must be signed by applicant and notarized.

*R.S. 37:2156.1(c)
Furnish the board with a financial statement, prepared by an independent auditor and signed by the applicant and auditor before a notary public, stating the assets of the person, firm, partnership, co-partnership, or corporation, such statement to be used by the board to determine the financial responsibility of the applicant to perform work in the amount of fifty thousand dollars or more, such assets shall include a net worth of at least ten thousand dollars. The financial statement and any information contained therein, as well as any other financial information required to be submitted by a contractor, shall be confidential and not subject to the provisions of R.S. 44:1 through R.S. 44:37, inclusive.*

FINANCIAL STATEMENT IS ON THE REVERSE OF THIS PAGE

16. Financial Institution

Name of Financial Institution: _____

Account Number: _____

Address of Financial Institution: _____
Street or P.O. Box, City, State, Zip Code

Contact Person at Financial Institution: _____

FINANCIAL INSTITUTION AUTHORIZATION

Please complete and sign the following financial institution authorization. You may print your financial institution's mailing address in the space directly below the "name of financial institution" line.

The undersigned hereby gives written authorization for _____
(Name of Financial Institution)

to furnish information concerning my account number _____ to the STATE LICENSING BOARD FOR CONTRACTORS.

(Signature of Applicant)

Date

Firm Name (Individual, Partnership, Corporation, LLC)

LOUISIANA COMMERCIAL CONTRACTOR'S UNIFORM FINANCIAL STATEMENT

IMPORTANT – READ CAREFULLY

It is mandatory that your financial statement be submitted accurately and in accordance with the provisions of R.S. 37:2156.1(c). (Refer to top of page three.) **THIS FORM MUST BE USED.** Information must be inclusive within the last twelve (12) months and **MUST BE SIGNED BY THE APPLICANT AND INDEPENDENT AUDITOR (CPA) AND NOTARIZED.** The Board will accept an audit, review, or compilation report in lieu of signature by the independent auditor. The independent auditor (certified public accountant) **cannot** be associated with the applicant in any way.

NAME OF FIRM OR INDIVIDUAL SOLE PROPRIETOR _____

BUSINESS ADDRESS OF FIRM OR INDIVIDUAL SOLE PROPRIETOR _____

STATEMENT AS OF _____, 20 _____

1-Cash _____ (a) In bank \$ _____ (b) Elsewhere _____ (explain) _____			11-Accounts Payable (a) Not Past Due _____ (b) Past Due _____		
2-Accounts Receivable Completed Contracts _____			12-Owing Subcontractors _____		
3-Earned Estimates and Retainage- Uncompleted Contracts (not yet received) _____			13-Notes Payable Exclusive of Equipment Obligations _____		
4-Work in Progress - Unbilled _____			14-Federal and State Income Taxes Payroll Taxes (including F.I.C.A., S.I.U. and Income Taxes withheld) _____		
5-Notes Receivable _____			Accrued Payroll & Expenses _____		
6-Other Accounts Receivable _____			Other Current Liabilities _____ (Explain) _____		
7-Stocks and Bonds _____			_____		
8-Materials in Stock- Not included in any items above (Present Value) _____ (a) Available for contracts under way \$ _____ (b) Other Materials \$ _____			_____		
Other Current Assets (Explain) _____			_____		
_____			Total Current Liabilities _____		
_____			15-Encumbrances on Equipment _____		
_____			16- Encumbrances on Real Estate _____		
_____			17-Billings in excess of costs on Uncompleted Contracts _____		
_____			Other Liabilities (Explain) _____		
_____			_____		
_____			Due to Stockholders _____		
_____			TOTAL LONG TERM LIABILITIES _____		
Total Current Assets _____			Capital (Corporation): Capital Stock _____		
9-Equipment at Net Book Value _____			Paid-in Surplus _____		
10-Real Estate _____ Furniture and Fixtures at Net Book Value _____			Retained Earnings _____		
TOTAL ASSETS _____			TOTAL CAPITAL _____		
			NET WORTH (Individual or Partnership) _____		
			TOTAL LIABILITIES AND CAPITAL OR NET WORTH _____		

The undersigned applicant and independent auditor declare to the best of their knowledge that the information provided in this financial statement of assets, liabilities, and other information is true, correct, and complete under penalties of perjury.

(Signature of applicant)

Signature of Independent Auditor (CPA)

(Signature of notary public)

Print name of Independent Auditor (CPA)

Print address of Independent Auditor (CPA)

Phone Number of Independent Auditor (CPA)

Independent Auditor (CPA) affiliation with applicant

PLEASE DO NOT USE NOTARY SEAL BELOW THIS PERFORATED LINE

WORK EXPERIENCE

THIS FORM MUST BE USED FOR WORK EXPERIENCE (NO ATTACHMENTS)

Firm Name and Address

17. Show the last five jobs your organization has completed. If you are a subcontractor, list the prime contractor for whom you performed the work. If prime contractor, list the owner for whom you performed the work. **IT IS IMPORTANT THAT YOU GIVE FULL INFORMATION ON EACH.** Incomplete information will result in delay of issuance of your license. **THE BURDEN OF COMPLETION LIES WITH YOU.**

FOR WHOM PERFORMED (Give Name and Complete Address, Zip Code)		JOB LOCATION (Street, City, State)	YEAR	DESCRIPTION OF WORK PERFORMED	SUB OR PRIME CONTRACTOR	CONTRACT AMOUNT	FOR OFFICIAL USE ONLY
1. Company Name							
Address							
	Zip Code						
Contact Person							
2. Company Name							
Address							
	Zip Code						
Contact Person							
3. Company Name							
Address							
	Zip Code						
Contact Person							
4. Company Name							
Address							
	Zip Code						
Contact Person							
5. Company Name							
Address							
	Zip Code						
Contact Person							

COMPLETE SECTIONS 18 AND 19 ON REVERSE SIDE OF THIS PAGE.

18. If new business or no experience by this firm, list previous experience of principal officers, partners, or individuals.									
NAME		FOR WHOM EMPLOYED (Name and Address)		IN WHAT CAPACITY		NUMBER OF YEARS			
1.									
2.									
3.									
4.									
19. If business is not new, list experience of principal individuals of this organization. If previously licensed as a contractor in Louisiana, give company name and license number									
INDIVIDUAL'S NAME		PRESENT POSITION OR OFFICE IN YOUR ORGANIZATION		YEARS OF CONSTR. EXPERIENCE	WITH OR FOR WHOM (Company Name)	DATE From Yr. To Yr.		IN WHAT CAPACITY	
1.									
2.									
3.									
4.									

AFFIDAVIT

15.

A. I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations in this application, including all supplementary statements attached thereto, are true and accurate and acknowledge that any purposeful false information submitted on behalf of myself and/or this applicant and verified by this signature is cause to have license denied or revoked by the State Licensing Board for Contractors.

B. Is the applicant who is to qualify this business organization presently qualifying or attempting to qualify another business organization?

☐ YES ☐ NO If yes, how many? _____

If yes, give name(s) of organization(s). _____

Firm Name (printed or typed)	Present Address of Applicant	City	State	Zip Code
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State of _____

Parish or County of _____

Personally appears _____ being duly sworn, deposes and saith:

That the foregoing statements of experience of the above-named applicant and all statements therein contained are true and correct and the answers of the foregoing are true to the best of my knowledge under penalties of perjury.

Signature of Applicant, Officer or Authorized Representative

Sworn before me this _____ day of _____, _____.

Signature of Notary Public

Print Name and Address of Notary Public

STATE LICENSING BOARD FOR CONTRACTORS
CLASSIFICATIONS

(All major classifications are in boldface)

I. BUILDING CONSTRUCTION

Sub-Classification and/or Specialty:

- 1. Acoustical Treatments
- 2. Air Conditioning Work, Ventilation, Refrigeration and Duct Work
- 3. Electrical Construction for Structures
- 4. Fire Sprinkler Work
- 5. Foundations for Buildings, Equipment or Machinery
- 6. Incinerator Construction
- 7. Installation of Equipment, Machinery and Engines
- 8. Installation of Pneumatic Tubes and Conveyors
- 9. Insulation for Cold Storage and Buildings
- 10. Insulation for Pipes and Boilers
- 11. Landscaping, Grading and Beautification
- 12. Lathing, Plastering and Stuccoing
- 13. Masonry, Brick, Stone
- 14. Ornamental Iron and Structural Steel Erection, Steel Buildings
- 15. Painting and Interior Decorating, Carpeting
- 16. Pile Driving
- 17. Plumbing
- 18. Residential Construction
- 19. Rigging, House Moving, Wrecking and Dismantling
- 20. Roof Decks
- 21. Roofing and Sheet Metal, Siding
- 22. Sheet Metal Duct Work
- 23. Steam and Hot Water Heating in Buildings or Plants
- 24. Stone, Granite, Slate, Resilient Floor Installations, Carpeting
- 25. Swimming Pools
- 26. Tile, Terrazzo and Marble
- 27. Water Cooling Towers and Accessories
- 28. Dry Walls
- 29. Driveways, Parking Areas, etc., Asphalt and/or Concrete
Exclusive of Highway and Street Work
- 30. Fencing

II. HIGHWAY, STREET AND BRIDGE CONSTRUCTION

Sub-Classification and/or Specialty:

- 1. Driveways, Parking Areas, etc., Asphalt and/or Concrete
- 2. Highway and Street Sub-surface Drainage and Sewer Work
- 3. Permanent or Paved Highways and Streets
(Asphalt Hot and Cold Plant Mix)
- 4. Permanent or Paved Highways and Streets
(Asphalt Surface Treatment)
- 5. Permanent or Paved Highways and Streets (Concrete)
- 6. Permanent or Paved Highways and Streets (Soil Cement)
- 7. Secondary Roads
- 8. Undersealing or Leveling of Roads
- 9. Earthwork, Drainage and Levees
- 10. Clearing, Grubbing and Snagging
- 11. Culverts and Drainage Structures
- 12. Concrete Bridges, Over and Under Passes
- 13. Steel Bridges, Over and Under Passes
- 14. Wood Bridges, Over and Under Passes
- 15. Landscaping, Grading and Beautification
- 16. Fencing

III. HEAVY CONSTRUCTION

Sub-Classification and/or Specialty:

- 1. Clearing, Grubbing and Snagging
- 2. Dams, Reservoirs and Flood Control Work Other Than Levees
- 3. Dredging
- 4. Electrical Transmission Lines

III. HEAVY CONSTRUCTION (Continued)

- 5. Foundations and Pile Driving
- 6. Industrial Piping
- 7. Industrial Plants
- 8. Industrial Ventilation
- 9. Oil Field Construction
- 10. Oil Refineries
- 11. Railroads
- 12. Transmission Pipeline Construction
- 13. Tunnels
- 14. Wharves, Docks, Harbor Improvements and Terminals
- 15. Landscaping, Grading and Beautification
- 16. Fencing

IV. MUNICIPAL AND PUBLIC WORKS CONSTRUCTION

Sub-Classification and/or Specialty:

- 1. Filter Plants and Water Purification
- 2. Pipe Work (Gas Lines)
- 3. Pipe Work (Sewer)
- 4. Pipe Work (Storm Drains)
- 5. Pipe Work (Water Lines)
- 6. Power Plants
- 7. Sewer Plants or Sewer Disposal
- 8. Underground Electrical Conduit Installation
- 9. Landscaping, Grading and Beautification
- 10. Fencing

V. ELECTRICAL WORK

Sub-Classification and/or Specialty:

- 1. Electrical Transmission Lines
- 2. Electrical Work for Structures
- 3. Underground Electrical Conduit Installation
- 4. Electrical Controls

VI. MECHANICAL WORK

Sub-Classification and/or Specialty:

- 1. Heat, Air Conditioning, Ventilation, Duct Work and Refrigeration
- 2. Industrial Pipe Work and Insulation
- 3. Plumbing
- 4. Controls for Mechanical Work

VII. HAZARDOUS MATERIALS

Sub-Classifications

- 1. Asbestos Removal and Abatement
- 2. Hazardous Materials Cleanup and Removal
- 3. Hazardous Materials Site Remediation

VIII. PLUMBING

Sub-Classifications:

- 1. Potable and Nonpotable Water Systems, Construction, Removal, Repair, and Maintenance for Buildings and Premises.
- 2. Sanitary and Nonsanitary Waste and Sewerage Construction; Removal, Repair, and Maintenance for Buildings and Premises.

IX. SPECIALTY

(State type of specialty requested)

(A person may obtain a specialty classification under any of the above listed sub-classifications or under any other sub-classification not listed in which he is presently performing).

FEES: The application transaction fee is \$25. The fee for a license shall be \$100 for any one major classification, specialty or sub-division thereof. One specialty is included as a major classification. A fee of \$95 will be charged for each additional major classification, specialty or sub-division thereof. In addition to these basic license fees, a non-Louisiana resident contractor shall submit an additional \$400 surcharge with the application to defray the expense of investigation.

EXAMINATION FEE: In addition there will be a \$100 examination fee per classification per person and an additional \$40 fee to cover the cost of study material for the Business and Law examination. These fees must be paid prior to the time the examination is taken.

IMPORTANT

PLEASE READ CAREFULLY
REQUIREMENTS

- 1. License for projects \$50,000.00 or more (\$1 or more for hazardous).
- 2. There is a sixty (60) day waiting period for out-of-state contractors from the date an application is received in this office before a license can be issued.
- 3. Obtain a Certificate of Good Standing (Corp.) or Existence (LLC) to do business in Louisiana before the contractor's license can be issued.
Contact: Secretary of State, P.O. Box 94125, Baton Rouge, Louisiana 70804-9125, Phone (225) 925-4704.
- 4. A basic written examination is given for the classifications requested. Exams are scheduled upon receipt of application and fee.
- 5. OTHER STATE REGULATORY AGENCIES:
 - a. The State of Louisiana imposes sales and use, individual income, withholding, corporate income, corporate franchise, gasoline, and special fuels taxes. You may obtain information about these taxes from the Louisiana Department of Revenue at www.rev.state.la.us.
 - b. For informaton on unemployment compensation, contact the Louisiana Department of Labor at www.l dol.state.la.us.
 - c. All cities and most towns in Louisiana require all construction to be registered and a permit issued for same; such offices are generally located in the Municipal Building. Municipal building codes, occupational and sales taxes vary for each municipality and should be checked locally.

If you have any questions concerning the completion of this application, you may contact the application section at the address as shown on the front of this application or you may call (225) 765-2301.

APPLICATION FOR QUALIFYING PARTY

This form must be completed by the person who has been designated as the qualifying party for the company. Each person to be listed as qualifying party must complete this form and provide all required documentation and fees.

All questions must be answered. If the space provided is not sufficient, use separate sheet(s) and attach. Additional forms will be provided upon request. However, if more than one qualifying party application is needed, a photocopy of this form only is acceptable for submission. All information must be printed in ink or typewritten.

QUALIFYING PARTY MUST MEET ONE OF THE FOLLOWING:

- ☐ **SOLE PROPRIETOR (INDIVIDUAL)**
- ☐ **SPOUSE OF SOLE PROPRIETOR (INDIVIDUAL)**
Provide a copy of your marriage license.
- ☐ **PARTNER**
Provide a copy of the partnership agreement in which you are listed as a partner.
- ☐ **ORIGINAL MEMBER OF LLC**
Provide a copy of the original Articles of Organization and Initial Report.. If these documents do not identify the **members** (not managers), you must also submit a copy of the Operating Agreement which identifies the members.
- ☐ **ORIGINAL INCORPORATOR OR ORIGINAL STOCKHOLDER IN THE ORIGINAL ARTICLES OF INCORPORATION.**
Provide a copy of the original Articles of Incorporation in which your name is listed as one of the original incorporators or provide a copy of the original stock certificate that was issued to you when the company was first formed.
- ☐ **EMPLOYEE:** Date of Employment_____
- YOU MUST BE A **FULL-TIME** EMPLOYEE

PROVIDE PAYROLL FOR THE FOUR (4) MONTHS **PRIOR TO THIS APPLICATION**

YEAR-TO-DATE, QUARTERLY AND CUMULATIVE INFORMATION IS NOT ACCEPTABLE

Employment verification must be provided as noted below:

DIRECT DEPOSIT: Provide a letter from an officer of your company stating that you are a full-time employee and that you receive payroll by direct deposit. You **MUST** also provide a register that shows **GROSS WAGES, FICA PAYROLL DEDUCTIONS FOR EACH PAYROLL PERIOD** and a **ADVICE ADMIT FORM** or computer printout that verifies the direct deposit transmittal information.

COMPANY CHECK: You must provide copies of canceled payroll checks (front and back) and a register that shows **GROSS WAGES AND FICA PAYROLL DEDUCTIONS FOR EACH PAYROLL PERIOD.** (If your bank returns only small images of the canceled payroll checks, you must provide copies of the images that are returned by the bank.)

FULL LEGAL NAME OF
QUALIFIER _____
(First) (Middle) (Last) (Jr., Sr., etc.)

NAME OF COMPANY _____

ADDRESS _____
(Street or P.O. Box) (City) (State) (Zip)
(All scheduling letters and materials will be sent to this address)

() () ()
Work Number Cellular or Home Number Fax Number

Email Address of Qualifying Party _____

A. Have you ever taken an examination with the Louisiana Contractors’ Board?

Name of Firm	Year Test Taken	Classification(s)

B. Is this firm a parent or subsidiary company of a currently licensed Louisiana contractor?
_____ Yes _____ No

If Yes, give the name, address and Louisiana contractor’s license number.

Firm	Address	License Number

C. List the names of **other** companies you have been affiliated with or employed by within the past five (5) years who previously held or currently hold a Louisiana contractor’s license.

Firm	Address	License Number

D. Have you been involved in sanctions levied against the companies or been disqualified or debarred by any public entity? _____ No _____ Yes (Explain below*)

E. Has any firm for which you were the qualifying party received any type of disciplinary action by the Louisiana State Licensing Board for Contractors or any other state contractor licensing agency? _____ No _____ Yes (Explain below*)

F. Has any firm for which you were the qualifying party been disqualified or debarred by any public entity? _____ No _____ Yes (Explain below*)

* _____

AFFIDAVIT

I certify under penalty of perjury under the laws of the State of Louisiana that all statements, answers and representations on this form are true and accurate and acknowledge that any purposeful false information submitted on behalf of myself and verified by this signature is cause to have license denied or revoked by the Louisiana State Licensing Board for Contractors.

THIS FORM MUST BE SIGNED AND DATED BY THE QUALIFYING PARTY AND A NOTARY PUBLIC.

_____ Qualifying Party’s Social Security Number	_____ Signature of Qualifying Party
Sworn before me this _____ day of _____, 200__	
(Notary Seal)	_____ Signature of Notary Public

Print Name and Address of Notary Public

DO NOT WRITE IN THIS SPACE - OFFICIAL USE ONLY

Date Accepted _____ Q.P. # _____

Person Making Entry _____

Eligibility Status _____
